

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	I	10	01/15/01
O.I.P.E. CLASSIFIER		10	9/10
FORMALITY REVIEW	MTB	954	6/14/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/18/00
2	✓	✓	12/18/00
3	✓	✓	12/18/00
4	✓	✓	12/18/00
5	✓	✓	12/18/00
6	✓	✓	12/18/00
7	✓	✓	12/18/00
8	✓	✓	12/18/00
9	✓	✓	12/18/00
10	✓	✓	12/18/00
11	✓	✓	12/18/00
12	✓	✓	12/18/00
13	✓	✓	12/18/00
14	✓	✓	12/18/00
15	✓	✓	12/18/00
16	✓	✓	12/18/00
17	✓	✓	12/18/00
18	✓	✓	12/18/00
19	✓	✓	12/18/00
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25	✓	✓	12/18/00
26	✓	✓	12/18/00
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28	✓	✓	12/18/00
29	✓	✓	12/18/00
30	✓	✓	12/18/00
31	✓	✓	12/18/00
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42	✓	✓	12/18/00
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45	✓	✓	12/18/00
46	✓	✓	12/18/00
47	✓	✓	12/18/00
48	✓	✓	12/18/00
49	✓	✓	12/18/00
50	✓	✓	12/18/00

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE COPY

IFG 06-15-01